

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/478977 FILING DATE 1/6/01

APPLICANT(S) *Peter P. Brooks*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52	/		
3	/						53	/		
4	/						54	/		
5	/	0					55	/		
6	/						56	/		
7	/						57	/		
8	/						58	/		
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	/		
13	/						63	/		
14	/						64	/		
15	/						65			
16	/						66			
17	/						67			
18	/						68			
19	/						69			
20	/						70			
21	/						71			
22	/						72			
23	/						73			
24	/						74			
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27	/						77			
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36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
TOTAL IND.	/						TOTAL IND.			
TOTAL DEP.	50						TOTAL DEP.			
TOTAL CLAIMS	50						TOTAL CLAIMS			